## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P05000094183  1. Entity Name DANA B BEAN INC					04-17-2006	5 90404 050 :	***150	).00	
	ce of Business	Mailing Address							
1104 CYPRESS GARDENS BLVD PO BOX 7394			רו ממפכר						
SUITE D <del>-Indian lakes estates, Fl</del>   Winter Haven, Fl 33884			<del>rt 33833.</del>						
2. Principal Place of Business 3737 STRA (00 E L6 724 3. Mailing Address 3737 STRA 6 Suite, Apt. #, etc. Suite, Apt. #, etc.			60 E						
Suite, Apt.	. #, eic.	Suite, Apt. #, etc.		04122006	Chg-P	CR2E034 (	11/05)		
City & State City & State		FL	4. FEI Numb	er D1616	-1	Ap	plied For		
Lake Wales PC Ut Walos  Zip Country Zip Ci		Country	20-3	08794		<del></del>	t Applicable		
<sup>Zip</sup> 338	98 POLK	33898	MIK	5. Certificate	of Status Desired		<b>75</b> Add Require		
6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered Age	nt		
GREEN, F	PAMELA A	Name							
1104 CYPRESS GARDENS BLVD SUITE D			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
WINTER HAVEN, FL 33884				-	<del>-</del>	<u> </u>			
			City			FL	Zip Cod	<del> </del>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept							and accept		
the obligat	tions of registered agent.						,		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE									
						DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10.	OFFICERS AND [	DIRECTORS	11.	ADDITIONS	CHANGES TO O	FICERS AND DIF	ECTORS	3 IN 11	
TITLE NAME	P DEAN DANA P	☐ Delete	TITLE		TATO Pol	60 E.	Change	Addition	
STREET ADDRESS	BEAN, DANA B		NAME STREET ADDRESS	0,0,			LO	129	
CITY-ST-ZIP	INDIAN LAKE ESATES EL 33855			LK wales, FL 33898					
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12.1 Interby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Daytime Phone #